

PUBLIC EMPLOYMENT RELATIONS COMMISSION
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF
 QUESTION CONCERNING REPRESENTATION**
 [] Amended Petition in Case _____ -E- _____ - _____

RECEIVED
 DEC - 6 2004
 PUBLIC EMPLOYMENT RELATIONS COMMISSION

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER

Office of the Insurance Commissioner

CONTACT PERSON

Eva Santos, OFM Director Labor Relations State Agency

ADDRESS

PO Box 43113

CITY/STATE

Olympia, WA ZIP 98504-3113

TELEPHONE

(360) 725-5150 EXT. FAX (360) 725-5154

ATTORNEY or

REPRESENTATIVE

Mike Watson, Chief Deputy Commissioner

ADDRESS

PO Box 40255

CITY/STATE

Olympia, WA ZIP 98504-0255

TELEPHONE

(360) 725-7106 EXT. FAX (360) 586-3535

2. PETITIONER

Washington Federation of State Employees, AFL-CIO

CONTACT PERSON

Greg Devereux, Ex. Director

ADDRESS

1212 Jefferson St. SE, Suite 300

CITY/STATE

Olympia, WA ZIP 98501

TELEPHONE

(360) 352-7603 EXT. FAX (360) 352-7608

ATTORNEY or

REPRESENTATIVE

Gladys Burbank, Dir of PERC Activities

ADDRESS

1212 Jefferson St., SE, Suite 300

CITY/STATE

Olympia, WA ZIP 98501

TELEPHONE

(360) 352-7603 EXT. FAX (360) 352-7608

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:☒ The employees involved are not currently represented for bargaining; or

[] The employees involved are currently represented by:

ORGANIZATION

CONTACT PERSON

ADDRESS

CITY/STATE

TELEPHONE

ATTORNEY or

REPRESENTATIVE

ADDRESS

CITY/STATE

TELEPHONE

4. COLLECTIVE BARGAINING AGREEMENT Indicate:☒ There has never been an agreement covering the employees involved; or

[] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.**6. BARGAINING UNIT**

a. EMPLOYER'S PRINCIPAL BUSINESS

State Agency

b. DEPARTMENT OR DIVISION INVOLVED

Agencywide

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:

All supervisory insurance examiners excluding WMS employees

7. NUMBER OF EMPLOYEES IN BARGAINING UNIT 3**7. DESIGNATION OF REQUEST** Indicate:☒ RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.

[] CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.

[] DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.

[] EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.

[] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

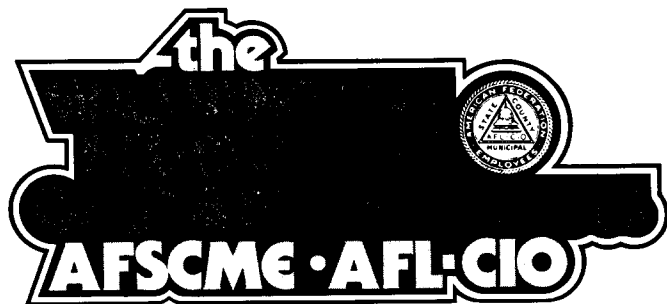
[] Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) Gladys Burbank

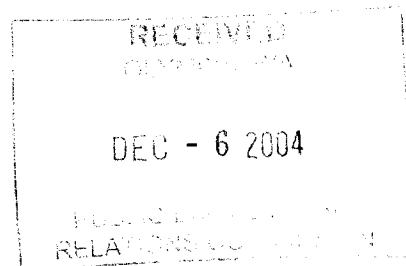
SIGNATURE

TITLE Dir of PERC Activities DATE 12/6/04



STATE HEADQUARTERS

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501
PHONE 360-352-7603 • FAX 360-352-7608



December 6, 2004

Marvin L. Schurke, Executive Director
Public Employment Relations Commission
P. O. Box 40919
Olympia, WA 98504-0919

Dear Mr. Schurke:

We are hereby filing a request to be certified as the exclusive representative of the insurance examiners (Supervisors) in The Office of the Insurance Commissioner. Our petition would exclude all non-supervisors and WMS employees in this job category.

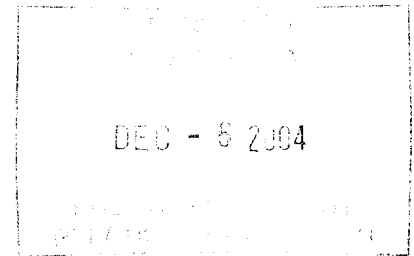
Our records show that we have authorization cards for at least 70% of the 3 employees included in the unit. We are therefore requesting that we be certified to represent the employees based upon the cross check procedures allowed under WAC 391-25-391, WAC 391-25-396, WAC 391-25-410 and WAC 391-25-416.

Thank you for your attention to our request. If you have any questions regarding our petition you can contact me at 352-7603.

Sincerely,

Gladys V. Burbank
Director of PERC Activities

CC: Eva Santos, OFM Labor Relations Director
Mike Watson, Chief Deputy Commissioner, Office of the Insurance Commissioner
WFSE Staff



Certificate of Servicing

As per PERC Commission requirements and WAC 391-08-120(4), I, Gladys V. Burbank, WFSE Director of PERC Activities, do certify that the following facts regarding servicing of the Petition for the supervisory insurance examiners in the Office of the Insurance Commissioner is true.

On December 6, 2004, I deposited in the United States mail, properly stamped and addressed, a copy of the petition to Eva Santos, Director, Labor Relations, OFM and to Mike Watson, Chief Deputy Commissioner for the Office of the Insurance Commissioner. To the best of my knowledge and belief these are the representatives of the other party that would need to be notified to fulfill our obligations under WAC 391-08-120 (4).

Signed on December 6, 2004 by

Gladys V. Burbank, WFSE Director of PERC Activities

Signature